

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010247

FILED
Apr 06, 2009
Secretary of State

Entity Name: STRAND EXECUTIVE CENTER, LLC

Current Principal Place of Business:

5621 STRAND BOULEVARD
SUITE 111
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5621 STRAND BOULEVARD
SUITE 111
NAPLES, FL 34110

New Mailing Address:

FEI Number: 65-1025964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILHART, ROBERT H
5621 STRAND BOULEVARD
SUITE 111
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

SANTORO, LOUIS J TRUSTEE
5621 STRAND BOULEVARD
SUITE 111
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LOUIS J. SANTORO

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GILHART, ROBERT H TRUSTEE
Address: 5621 STRAND BOULEVARD, SUITE 111
City-St-Zip: NAPLES, FL 34110

Title: MGR (X) Delete
Name: SANTORO, LOUIS J TRUSTEE
Address: 5621 STRAND BOULEVARD, SUITE 111
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANTORO, LOUIS J TRUSTEE
Address: 5621 STRAND BOULEVARD, SUITE 111
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LOUIS J. SANTORO

TRUS

04/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date